

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See Instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2014-0721-03	2014-1222-025	

For use by Office of Administrative Law (OAL) only

2014 DEC 22 AM 11:03

OFFICE OF ADMINISTRATIVE LAW

ENDORSED - FILED  
in the office of the Secretary of State  
of the State of California

FEB -2 2015

2:24 PM

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY  
Bureau of Real Estate Appraisers

AGENCY FILE NUMBER (If any)

## A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE Notice re Proposed Regulatory Action	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
Other			

OAL USE ONLY	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE
	<input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	2014, 312	8/1/14

## B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) License Application Processing	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) N/A
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT N/A
TITLE(S) 10	AMEND 3528
	REPEAL N/A

3. TYPE OF FILING

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code § 11346)   | <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§ 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input type="checkbox"/> Emergency Readopt (Gov. Code, § 11346.1(h)) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, § 100) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§ 11349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, § 11346.1)   | <input type="checkbox"/> File & Print                                | <input type="checkbox"/> Print Only  |
| <input type="checkbox"/> Emergency (Gov. Code, § 11346.1(b))   |  | <input type="checkbox"/> Other (Specify) _____                       |  |

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, § 44 and Gov. Code § 11347.1)  
N/A

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, § 100)

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code § 11343.4(a)) | <input type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> § 100 Changes Without Regulatory Effect | <input type="checkbox"/> Effective other (Specify) |
|---|--|--|--|

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM § 6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal |
| <input type="checkbox"/> Other (Specify)   |  |   |

7. CONTACT PERSON

Kyle Muteff

TELEPHONE NUMBER

916.341.6126

FAX NUMBER (Optional)

E-MAIL ADDRESS (Optional)

kyle.muteff@orea.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

TYPED NAME AND TITLE OF SIGNATORY

Awet Kidane, Director, Department of Consumer Affairs

12/22/14

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ENDORSED APPROVED

FEB 02 2015

Office of Administrative Law